	tre Services		NA118062571	B 250 6	
Date In: 14/5/18-15:26	Job description	1	Date & Time Completed	Done by	
Res No: NA NC 180087 [8 24	SAS e-filing				
Veh No: \$492640	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 41/8-19:30	i-Motor Clai	im Form	107/0994308-001	14/5/18 2	1/2
	i-Motor W/C	O (Within: OD 2h	s, 7'P 4hrs)		
OD (TP) Reporting Only	i-Photo Uplo	paded			
TDI	Assessment/Si	urvey Report	İ		
TP Insurer:	Ass't Report b	by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	nevethia
TP Particulars: Veh No: SL	F64095 .	, INC ()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: () _	Alie X
Confirmed by : (AND THE SAME AND	Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1		()			
General Remarks		5 - 3 Y 7 3 1		1300	1
() Walk-In Customer : Customer's in		Charles and the same of	monument of the second		-
() Total Loss Case : to e-mail Insu					- EA
	ce: YES () / N	VO () . T	owing Co: ()
				W150 7 0.000 7 100 10 11	_
Remarks: (INC hodine: 6788 6616)	Section 1		Date&Time Completed	Done by	
		Control of the Control	Dates rathe Souther on	West Australia	+,
	Courtesy Car ()	Date and Solupies 1	The same of the sa	
)			
1) Apply for Transport Allowance ()/	Courtesy Car ()			
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car ()			
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()			74.3
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()			A-1, 3,
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()			No. 3.
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()			
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()			re. y
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()			
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car (, , , , , , , , , , , , , , , , , , ,
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3] Injury: Date/Time: Actions	Courtesy Car (Ani (S)	int (1
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions:	Courtesy Car (Invoice Pre	paration Checklist	Ani (S)	int (1
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions NA 180 3056	Courtesy Car (Invoice Pre	paration Checklist. Reporting (\$30);	Anit (S)	int (3
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions NA 180 3056 Laimant's Particulars:	Courtesy Car (Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$400); Control of the control of	Ani((5)) A (5) Bill A (80) (7545)	int (3
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions NA 180 3056 Inimant's Particulars:- river/Owner:	Courtesy Car (Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Fellow-T	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$100	Anic (S)	int (1
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions NA 180 3056 Inimant's Particulars:- river/Owner:	Courtesy Car (Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$20); see \$40 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2002)	An((S)) A (S) Bill A	in (S
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions NA 180 3056 Inimant's Particulars:- river/Owner:	Courtesy Car (Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T For claiming a 6) TR: Re-inspec	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$20); see \$40 through Survey through Survey (Resurvey) gainst INC Only (wef 10 Jan 2002) thion	Ani((\$)) A Tit Bill A 80) 97545 5120 \$30	in (S
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions NA 180 3056 Inimant's Particulars:- river/Owner:	Courtesy Car (Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$20); See \$40 Assessment (\$40); INC (\$100); Assessment (\$100); INC (\$100); Assessment (\$100); INC (\$100); Assessment (\$100); INC (\$100); Assessment (\$100); Asse	Ani((\$)) A (5) Bill A (5) Bill A (5) C C C C C C C C C C C C C C C C C C C	int (3
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions NA 180 3056 inimant's Particulars:- civer/Owner: ontact No: amaged Portion:	Courtesy Car (Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$200); Assessment (\$200); Asses	Ani((S)) A 15t Bill A 80) 9/545 5120 \$30 9) \$75 \$160	int (3
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions NA 180 3056 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	Courtesy Car (Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$20); Frough Survey (Resurvey) Reginst INC Only (wef 10 Jan 200); Resulting the state of the state o	Ani((S)) A (3) Bill A (5) A (5) Bill A (5) A (5) Bill A (5) Bill A (6) A (7) Bill A (7)	int (3
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions: NA 180 3056 Raimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car (Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repeir O *N7: Fost Rep	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$200); Assessment (\$100); Assessment (Anic (\$) A Ist Bill A So Si Si Si Si Si Si Si	mi (\$)
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions NA 180 3056 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors! Comments:-	Courtesy Car (Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Addition OD* *N5: Courtesy *N6: Repair O *N7: Past Rep. *N8: DV / Col	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$20); Assessment (\$200); INC (\$20)	Ani((S)) A (3) Bill A (5) A (5) Bill A (5) A (5) Bill A (5) Bill A (6) A (7) Bill A (7)	int (3
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions NA 180 3056 !nimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car (Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Addition OD* *N5: Courtesy *N6: Repair O *N7: Past Rep. *N8: DV / Col	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$20); Assessment (\$200); INC (\$20);	Ani((s)) A The Bill A 300 375 310 375 310 525 53 520 30	int (3

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

ACCIDENT STATEMENT
14/05/2018 15:26
04/05/2018 19:30
528 CHOA CHU KANG ST 51 CARPARK
SINGAPORE
ETAILS OF OWN VEHICLE
SJN9264D
CONNECT4CAR PTE LTD
201411459M
NOEMAIL
OFFICE-89999999
HONDA
CIVIC 1.6L 5AT
COMMERCIAL
NO
THIRD PARTY
PRIVATE HIRE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
YES
5068994860-03
SEAH CHONG SENG (XIE ZHONGCHENG)
S7316394C
10/05/1973

Date Of Birth

OUTDOOR Occupation Date Of Driving Pass 08/06/1994

23 YEARS AND 10 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-92470744

Fax Number

OFFICE-92470744 Contact Number

EMail Address NOEMAIL

BLK 222 LORONG 8 TOA PAYOH Address

#14-715

310222 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : IVY LIANG

> GENDER: : FEMALE

NO

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF6409S Vehicle Make/Model/Colour KIA

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver LOH KOK CHIAN S7336491D NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the malling of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholdere Signature
Date & Time (If driver is not the

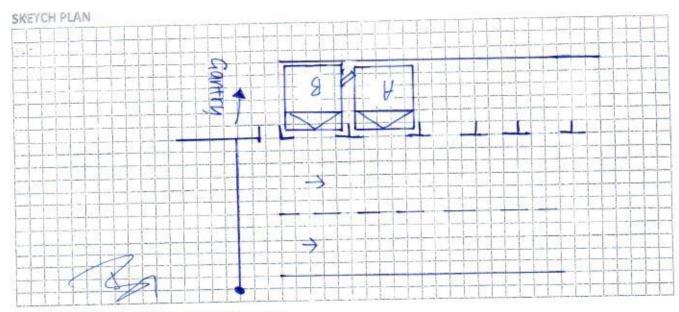
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car in the carpark of 828 Choa Ch	u Kang Street
51. I got off my vehicle to buy something and	l my girlfriend
stayed in my vehicle. Suddenly, vehicle B ope	
passenger door and hit onto my rear passeng	er door causing
a dent in the rear passenger door of my vehic	

DECLARATION

I/We declare the total particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the Individual Insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process,
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 Any false reporting may be referred to the traffic police department for investigation.

THE RESIDENCE TO SERVICE STREET, SAN THE PARTY OF THE PAR	04 05 2019	(DD/MM/YY
Date of accident	04 101 12010	(HH:MM
Time of accident	7:30PM	
Exact location of accident	528 choa chu kan	9 St Fil Orpark

AS THE RESERVE OF THE PERSON O	DETAILS OF VEHICLE			
Vehicle registration number	8JN9264D			
Vehicle make and model	Honda Civic			
Type of vehicle	Saloon P MPV CRV Van C Lorry Bus Motorcycle Others:			
Vehicle category	Private Commercial Motorcycle			
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only			

INSURANCE INFORMATION						
Insurance company	MUC					
Policy number			mo I			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆			

Name	INSURED / POLICY HOLDER COWN (144 (AV Pt Ltd Male)	□ Female □
Name NRIC / Fin / Passport number	20141145911	
Contact	and A the 22 Bare 1th Industri	AL DOLL
Address	53 Ubi Avu 1 #01-23 Paya Ubi Industri 8 (408934)	ini port

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Sean Chong Sung	Male ✓ Female □					
NRIC / Fin / Passport number	873163946						
Contact	92470744						
Address	BIK 222 Lor 8 Toa Payoh #1	4-119 3(310777)					
Email address							
Date of birth	10-05-1973						
Occupation	Indoor Outdoor						
Driving date pass	06 JUNE 1994						

The state of the s	Ves D No D No D
as driver an employee of	If no, relationship of the driver and insured: HITLY
ne Insured's company?	Yes D NOO
ccident captured by camera?	211
eather condition	Cledia
oad surface	Dry D Wet D (Inclusive of driver)
o of passenger	
	PASSENGER 1
的上於在國際共產黨之 身に	A DESCRIPTION OF THE PROPERTY
lame	Male D Female D
Gender	Wate D Females
A SUSSEMBLY AND DESCRIPTION OF THE PARTY OF	PASSENGER 2
lame	Male D Female D
Gender	T WICH S
NAME OF TAXABLE PARTY.	PASSENGER 3
Service Control of the Control of th	A STATE OF THE PARTY OF THE PAR
Name	Male D Female D
Gender	Trains at
	PASSENGER 4
A STATE OF THE PARTY OF THE PAR	
Name Gender	Male D Female D
Gender	
	PASSENGER 5
Name of	
Name Gender	Male Female Femal
Gender	
	PASSENGER 6
Name	
Gender	Male Female
Contract	
	OTHER INFORMATION
Was anybody injured?	Yes D No.
Was other vehicle damaged?	Yes D No D
DEPOSIT FOR A STATE OF THE	Yes No lf yes, please state which police station.
Reported to police?	Yes No If yes, please state which police station.
Police station name	
	WITNESS 1
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	WITNESS 1
Name	
Company of the second s	WITNESS 2

THIRD PARTY VEHICLE 1
3LF64093
Via .
LON KOK Chian
373364910
310307-110
THIRD PARTY VEHICLE 2
THIRD PARTY VEHICLE 3
THIRD PARTY VEHICLE 4
THIRD TANKS
THIRD PARTY VEHICLE 5
THIS THE STATE OF
THIRD PARTY VEHICLE 6
The second secon
THE DESTRUCTION OF THE PROPERTY OF THE PROPERT
THIRD PARTY VEHICLE 7

	INJURED PERSON 1
A CONTRACTOR OF THE PROPERTY	
lame	
njuries sustained	
Which vehicle person in?	Yes 🗆 No 🗈
Were seat belts worn?	Yes D No D
Was injured conveyed to	163 11 110 11
nospital by ambulance?	
	INJURED PERSON 2
	INJUNED FERSON 2
Name	
Injuries sustained	
Which vehicle person in?	No.
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗈
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗈
Was injured conveyed to	Yes 🗆 No 🗈
hospital by ambulance?	
inespiration of the same of th	
	INJURED PERSON 5
AND RECEIPTION OF THE PARTY.	INJURED PERSON 5
Name	INJURED PERSON 5
Name Injuries sustained	INJURED PERSON 5
Name Injuries sustained Which vehicle person in?	
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes No Yes No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was Injured conveyed to hospital by ambulance?	Yes No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes No Yes No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes No Yes No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No D Yes No D INJURED PERSON 6
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No Yes No No Yes No No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No D Yes No D INJURED PERSON 6

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7316394C



SEAH CHONG SENG (XIE ZHONGCHENG)



CHINESE

SINGAPORE

10-05-1973

873/16394C



Warter \$7316394C

SEAH CHONG SENG (XIE ZHONGCHENG)

Kirm Date 10 May 1973 Issue Date: 29 Jan 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

08 Jun 1994

eBao Tech						GeneralClaim				
Hello, NAC_PAYA_UBI_80	0601				A STREET, SQUARE, SQUA		Change Lar	guage	Change Passwo	rd • Log Out
My Desktop	y Desktop Policy Query									
Notice of Loss	Policy N	NO.		Date of Accident 0				04/05	/2018 19:30	
,	Vehicle	No.(For Motor)	SJN9264D							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5068994860- 03	CONNECT4CAR PTE. LTD.	201411459M	GFT	drivo PREMIUM	SJN9264D	SJN9264D	04/12/2017	
		110011			- 1	Continue				

Policy No.	5068994860-03	Policyholder Name	CONNECT	4CAR PTE, LTD.	Policyholder NRIC	2014114591	1	
Address	53 UBI AVENUE 1 #01-23 PAY	A UBI INDUSTR	IAL PARK	SINGAPORE 408934				
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N		
Policy			Effective		VORUSE VICEOUSTIC			
ssue 23/11/2017 Date		Date	Date 04/12/2017 00:00		Expiry Date	03/12/2018 23:59		
Excess		All Claim	All Claim Excess					
Type Third		Own			Windscreen			
Party Excess	1000.00	damage Excess	1000.00		Excess	100.00		
Additional	0	os	0					
Excess Outside		Premium						
Singapore OD Excess	1000.00	Outside Singapore TP Excess	Singapore 1000.00			Young/Inexperience Driver Excess		
Agent	SOONG WAI SAN	Agent Tel.	6547115	4	GST Flag	Υ		
Co- insurance Flag Open Policy Info Certificate Info								
	holder Mailing Address						CINCIDENT 100024	
Address 1	53 UBI AVENUE 1	Address 2		#01-23 PAYA UBI II			SINGAPORE 408934	
Address 4	Address Type			Singapore address	address Post Code		408934	
Unit No.	01-23	Related Policy Number		5087771369-01				
	ed Object: SJN9264D							
907 ALGORDAN (1)	sements	Endorseme	at Tues	Endorsement Number	Endorra	ment Status	Endorsement Content	
Seque 1	Date of Endorsement 04/12/2017 00:00	Basic Informa Endorsement	stion	000001286715172	Endorsem Effective		internal endt - vehicle usage chang from Rental vehicle (less than 12 mths) to Private Hire (Self Drive o Chauffeur)	
2	15/01/2018 00:00	Basic Informa Endorsement	ition	000001286735612	Endorsem Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that from 15 Jan 2018, the Original Registration Date is amended as follows for SE2018K: ORIGINAL REGISTRATION DATE: 0 Oct 2015	
							Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER	

ident HT/0994308							
icy No.	5068994860-03	Vehicle No.	S3N9264D	GST Registration No	λ.		
cyholder Name.	CONNECTACAR PTE. LTD.			Policyholder MRJC	20	1411459M	
educt Code	PLEET INSURANCE	Cover Type	drive PREMIUM	Loading	0		
ntact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)		0	
ail Address		Special Remark		eCode	1		
	8 4- 0 4-	TCA	® No ⊜Yes	eCode Reason	347		
ĸ	® No ○ Yes		00 00		23		
D Protection	Ne	NCD Entitlement(%)	a a	Private Hire	Ye		
Accident Details							
port Date	14/05/2018 21:19	Academ Report Within 24 hrs.	Yes	Accident Type	Ot	hers	
ne of Accident	04/05/2018	Time of Accident hh:mm	19:30	Country of Accident	5 59	gapore	
porting Centre	10.000	Orange Force		ICM No.			
extent Location	528 CHOA CHU KANG ST 51 CARPARK						
	SECURE CHE MANUSTISE CARPAIN						
Benefits							
Excess							
vn damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	10	0.00	
named Driver Excess		Outside Singapore OD Excess	1,000.00				
nd Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00				
GST Registered Informu	ation						
Registered	No		GST Registration Date				
T Registration No.	10718		GST Status Verified	Yes			
dificacion History				_			
The second							
Policyholder Malling Ad	druss						
iress 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL I	Address 3	51	NGAPORE 408934	
dress 4		Address Type	Singapore address	Post Code	40	8934	
ik No	01-23	Related Policy Number	9087771369-01		177	2002	
	744-68	Member Forck Minister	STATE OF THE STATE				
OI Driver Info		11.895((1).676-1					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver				
named driver Name	SEAH CHONG SENG (XIE ZHON	Driver NR3C	57316394C	Driver DOB	10	/05/1973	
gister Date of Driver License	08/06/1994	Driver Age	44	Driving Experience	23		
ntact No.(Mobile)	92470744	Contact No.(Office)	0	Contact No.(Home)	0		
dress 1	BLK 222	Address 2	LORONG 8 TOA PAYOH	Address 3	SI	NGAPORE 310222	
idress 4	STELETTS.	Address Type	Singapore address	Post Code		0222	
	14-715	mountain Type	- Sahore annuage	THE STORE	31	100	
VE NO.							
es he pwn a Singapore	O Yes ⊗ No	Driver Vehicle No.		Driver Insurer Comp	peny		
es he pwrt a Singapore gistered car?		Driver Vehicle No.		Driver Insurer Comp	pany		
es he pwn a Singapore gistered car? daration nathalyser or Blood Test			○ Yes ® No	Driver Insurer Comp	party		
ses he own a Singapore rigistered car? claration trathelyser or Stood Test	○ Yes ® No	Driver Vehicle No. Any injury?	○ Yes ® No	Driver Insurer Comp	pany		
oes he own a Singapore registered car? cclaration reathalyser or Blood Test reading?	○ Yes ® No		○ Yes ® No	Onver Insurer Comp	pany		
es he own a Singepore gistered car? claration cathelyser or Blood Test ading? diffication History	○ Yes ® No		○ Yes ® No	Driver Insurer Comp	pany		
is he own a Singapore intered car? Saration athalyser or Blood Test iding?	○ Yes ® No		○ Yes ® No	Oriver Insurer Comp	репу		
es he own a Singapore patrice car? Saration hathalyser or Blood Test ading? Incation History Claim 001 New	O Yess ® No D mg	Any injury?					
ea he own a Singapore getered car? claration cathalyser or Blood Test ading? diffication History Claim 001 New	O Yess ® No D mg	Any injury?	○ Yes No ONNECT4CAR PTE, LTD.	Insured NR3C	20	1411459M	
ea he own a Singapore getered car? claration cathalyser or Blood Test ading? diffication History Claim 001 New	O Yess ® No D mg	Any injury?			200		
es he pwin a Singapore geteree car? claration nathalyser or Blood Test ading? lification History claim 001 New em Type * neact No.(Mobile)	O Yess ® No D mg	Any injury?		Insured NR3C	200	1411459M F64095	
es he own a Singapore patrice car? Saration sathalyser or Blood Test dring? Incation History Claim 001 New Im Type * react No. (Mobile) as Address	O Yess ® No D mg	Any injury? Insured Name Contact No.(Homs)	CONNECT4CAR PTE, LTD.	Insured NR3C Contact No.(Office)	200 1 51.		
ea he own a Singapore gotered car? claration cathalyser or Blood Test ading? diffication History Claim 001 New em Type = neact No.(Mobile) and Address and Address fem Cescription ferred Workshop Contact	○ Yes	Any injury? Insured Name Contact No.(Home) Of Vehicle Number	CONNECT4CAR PTE, LTD. \$3892640	Insured NR3C Contact No.(Office) TP Vehicle Númber	200 1 51.		
es he pwm a Singapore geteree Car? claration nathalyser or Blood Test ading? diffication History Claim 903 New Im Type * neact No. (Mobile) as Address am Description ferred Workshop Contact	○ Yes	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability +	CONNECT4CAR PTE, LTD. S3N9264D Not at Fault	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred #	20 a. St. Workshop	F64095	
es he own a Singapore gateree car? Caration cathalyser or Blood Test ading? Claim 001 New Im Type * react No. (Mobile) alf Address Im Description ferred Workshop Contact quire Finalisation	O mg D mg DD MX DD MX D2959989 SIN9264D / SLP64095 DN 4 May 2018 Yes. ✓	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability + Preferend Repair Option	CONNECT4CAR PTE, LTD. \$3892640	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred # GIA report	200 a. St. St. St. Workshop	F64095	
es he own a Singapore gateree car? Caration cathalyser or Blood Test ading? Claim 001 New Im Type * react No. (Mobile) alf Address Im Description ferred Workshop Contact quire Finalisation	○ Yes	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability +	CONNECT4CAR PTE, LTD. S3N9264D Not at Fault	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred #	200 a. St. St. St. Workshop	F64095	
ea he own a Singapore gotered car? claration cathalyser or Blood Test ading? diffication History Claim 001 New Im Type * neact No. (Mobile) als Address Im Description ferred Workshop Contact quire Finalisation te Registered	O mg D mg DD MX DD MX D2959989 SIN9264D / SLP64095 DN 4 May 2018 Yes. ✓	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability + Preferend Repair Option	CONNECT4CAR PTE, LTD. S3N9264D Not at Fault	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred # GIA report	200 a. St. St. St. Workshop	F64095	
es he own a Singapore gateree car? Caration cathalyser or Blood Test ading? Chelm 001 New Im Type * Incact No. (Mobile) as Andress Im Description ferred Workshop Contact gure Finalsistion te Registered port Taken By	O res	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability + Preferend Repair Option	CONNECT4CAR PTE, LTD. S3N9264D Not at Fault	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred # GIA report	200 a. St. St. St. Workshop	F64095	
es he own a Singepore gistered car? claration cathelyser or Blood Test ading?	O res	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability + Preferend Repair Option	CONNECT4CAR PTE, LTD. S3N92640 Not at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred # GIA report	200 a. St. St. St. Workshop	F64095	
ea he own a Singapore gotered car? Claration cathalyser or Blood Test adding? Claim 001 New Im Type * neact No. (Mobile) and Address Im Description rierred Workshop Contact quire Finalsaction te Registered poort Taken By Print AK Jecter	O res	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability + Preferend Repair Option	CONNECT4CAR PTE, LTD. S3N9264D Not at Fault	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred # GIA report	200 a. St. St. St. Workshop	F64095	
es he own a Singapore jeteree car? saration authalyser or Blood Test ding? shication History shication Oos shication sar Address sam Description ferred Workshop Contact sure Finalsation se Registered soort Taken By Print AK Jetter	O res	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability + Preferend Repair Option	CONNECT4CAR PTE, LTD. S3N92640 Not at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred # GIA report	200 a. St. St. St. Workshop	F64095	
es he own a Singapore patrice car? saration sathalyser or Blood Test ding? shication History shication History shication History shication History mark No. (Mobile) as Address am Description ferred Workshop Contact surre Finalsation te Registered soort Taken By Print AK Jetter	O mg O my S2999989 S1N9264D / SLF64095 ON 4 May 2018 Yes 14/05/2018 21:21 Iackson	Insured Name Contact No.(Horms) Of Verticle Number Insured Liability + Preferend Repair Option Claim Close Date	CONNECT4CAR PTE, LTD. S3N92640 Not of Fault Preferred Workshop, Name unknown Save Submit	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred # GIA report	200 a. St. St. St. Workshop	F64095	
es he own a Singapore gotered car? claration eathalyser or Blood Test ading? diffication History Claim 001 New em Type * neact No. (Motele) aar Address em Description ferred Workshop Contact quire Finalsaction te Registered port Taken By Print AK lecter	O res	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability + Preferend Repair Option	CONNECT4CAR PTE, LTD. S3N92640 Not at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred # GIA report	200 a. St. St. St. Workshop	F64095	
ea he own a Singapore gotered car? Claration bathalyser or Blood Test ading? diffication History Claim 901 New Im Type * neact No. (Mobile) has Address him Description riemed Workshop Contact quire Finalsation te Registered port Taken By	O mg O my S2999989 S1N9264D / SLF64095 ON 4 May 2018 Yes 14/05/2018 21:21 Iackson	Insured Name Contact No.(Horms) Of Verticle Number Insured Liability + Preferend Repair Option Claim Close Date	CONNECT4CAR PTE, LTD. S3N92640 Not of Fault Preferred Workshop, Name unknown Save Submit	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred # GIA report	200 a. St. St. St. Workshop	F64095	
es he own a Singapore patrice car? saration sathalyser or Blood Test ding? shication History shication Singapore O mg D mg CO-MX 22999989 SIN9264D / SIP64095 ON 4 May 2018 Yes 14/05/2018 21:21 Iackson MT/0994308	Any injury? Insured Name Contact No.(Horms) Of Versicle Number Insured Lisbility + Preference Repair Option Claim Close Date Claim No.	CONNECT4CAR PTE. LTD. S3N92640 Not at Fault Preferred Workshop, Name unknown Save Submit CO1 14/05/2018 21:22	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred # GIA report	Vorkshop Rev	F64095		
is he own a Singapore interes car? laration athalyser or Blood Test ding? theation History laim 001 New m Type * eact No. (Mobile) at Address im Description lerred Workshop Contact ture Finalisation ort Taken By Print AK Jetter ttachment	O mg OO-MX \$29999989 SIN9264D / SU964095 ON 4 May 2018 Yes 14/05/2018 21:21 Jackson MT/0994308 ♥ Yes ○ No	Insured Name Contact No. (Home) Of Verside Number Insured Listvity + Preferend Repair Option Claim Close Date Claim No. Upload Date	CONNECT4CAR PTE, LTD. S3N92640 Not of Fault Preferred Workshop, Name unknown C01 34/05/2016 21:22 Category *	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred w GIA report Date Received	Norkshop Re 14	P64095 conved v05/2018 00:00	
is he own a Singapore interes car? laration athalyser or Blood Test ding? theation History laim 001 New m Type * eact No. (Mobile) at Address im Description lerred Workshop Contact ture Finalisation ort Taken By Print AK Jetter ttachment	O mg OO-MX \$29999989 SIN9264D / SU964095 ON 4 May 2018 Yes 14/05/2018 21:21 Jackson MT/0994308 ♥ Yes ○ No	Insured Name Contact No.(Horms) Of Verside Number Insured Listvitry + Preference Repair Option Claim Close Date Claim No. Upload Date Browse.	CONNECT4CAR PTE, LTD. S3N92640 Not of Fault Preferred Workshop, Name unknown C01 34/05/2016 21:22 Category * Clear Please Select	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred w GIA report Date Received Confidential	Norkshop Real 14 Urgency •	P64095 conved v05/2018 00:00 Description *	
is he own a Singapore intered car? Isration athalyser or Blood Test ding? Incation History Incation	O mg OO-MX \$29999989 SIN9264D / SU964095 ON 4 May 2018 Yes 14/05/2018 21:21 Jackson MT/0994308 ♥ Yes ○ No	Insured Name Contact No. (Home) Of Verside Number Insured Listvity + Preferend Repair Option Claim Close Date Claim No. Upload Date	CONNECT4CAR PTE, LTD. S3N92640 Not of Fault Preferred Workshop, Name unknown C01 34/05/2016 21:22 Category *	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred w GIA report Date Received Confidential	Norkshop Real 14 Urgency + Normal	P64095 conved v05/2018 00:00 Description •	
as he own a Singapore jetered car? saration authalyser or Blood Test ding? shication History sar Address sam Description ferred Workshop Contact surre Finalsation se Registered soort Taken By Print AK Jetter statichment sident No.	O mg OO-MX \$29999989 SIN9264D / SU964095 ON 4 May 2018 Yes 14/05/2018 21:21 Jackson MT/0994308 ♥ Yes ○ No	Insured Name Contact No.(Horms) Of Verside Number Insured Listvitry + Preference Repair Option Claim Close Date Claim No. Upload Date Browse.	CONNECT4CAR PTE, LTD. S3N92640 Not of Fault Preferred Workshop, Name unknown C01 14/05/2016 21:22 Category * Clear Please Select V Clear Please Select	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred w GIA report Date Received Confidential	Norkshop Real 14 Urgency + Normal	P64095 conved v05/2018 00:00 Description *	
es he own a Singapore gateree car? Caration Cathalyser or Blood Test ading? Cleim 001 New Cleim 001 New Com Type * Contact No. (Mobile) Cathalyser or Blood Test Contact Conta	O mg OO-MX \$29999989 SIN9264D / SU964095 ON 4 May 2018 Yes 14/05/2018 21:21 Jackson MT/0994308 ♥ Yes ○ No	Insured Name Contact No.(Horms) Of Verside Number Insured Lisbility + Preference Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	CONNECT4CAR PTE, LTD. S3N92640 Not of Fault Preferred Workshop, Name unknown C01 14/05/2016 21:22 Category * Clear Please Select Clear Please Select	Insured NR3C Centact No.(Office) TP Verticle Number Name of Preferred w GIA report Date Received Confidential NO.	Vorkshop Rel 14 Urgency * Normal Normal Normal	Description *	
es he own a Singapore gotered car? ctaration eathalyser or Blood Test ading? diffication History Claim 001 New em Tyse * neact No. (Mobile) aar Address em Description ferred Workshop Contact quire Finalsaction te Registered poort Taken By Print AK lecter Attachment	O mg OO-MX \$29999989 SIN9264D / SU964095 ON 4 May 2018 Yes 14/05/2018 21:21 Jackson MT/0994308 ♥ Yes ○ No	Insured Name Contact No.(Horms) Of Verside Number Insured Liability + Preference Repair Option Claim Close Date Claim No. Upload Date Browse. Browse. Browse.	CONNECT4CAR PTE, LTD. S3N92640 Not of Fault Preferred Workshop, Name unknown C01 14/05/2016 21:22 Category * Clear Please Select Cear Please Select	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred w GIA report Date Received Confidential NO.	Vorkshop Re Urgency * Normal Normal Normal Normal	Description *	
es he own a Singapore gateree car? Caration Cathalyser or Blood Test ading? Cleim 001 New Cleim 001 New Com Type * Contact No. (Mobile) Cathalyser or Blood Test Contact Conta	O mg OO-MX \$29999989 SIN9264D / SU964095 ON 4 May 2018 Yes 14/05/2018 21:21 Jackson MT/0994308 ♥ Yes ○ No	Insured Name Contact No.(Horms) Of Verside Number Insured Lisbility + Preference Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	CONNECT4CAR PTE, LTD. S3N92640 Not of Fault Preferred Workshop, Name unknown C01 34/05/2016 21:22 Category * Clear Please Select Clear Please Select Cear Please Select	Insured NR3C Centact No.(Office) TP Verticle Number Name of Preferred w GIA report Date Received Confidential No.	Vorkshop Re Urgency * Normal Normal Normal Normal Normal	Description *	

Attachment		Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? Action (CO)
47 265	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Ma y 2018 21:22		NR3C/ Oriving License		Normal	NRIC/ Driving License 2018-5-14	Edit
***	NAC_PAYA_UB1_800M01(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Ma y 2018 71:22		SAS		Normal	SAS 2018-5-14	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Ma y 2018 21:22		Photos		Normal	Photos 2018-5-14	Edit
22	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Ma y 2018 21:22		Photos		Normal	Photos 2018-5-14	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Ma y 2018 21:22		Photos		Normal	Photos 2018-5-14	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Ma y 2018 23:22		Photos		Normal	Photos 2018-5-14	Edit
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Ma y 2018-21-22		Photos		Normal	Photos 2018-5-14	Edit
0	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Ma y 2018 21:22		Photos		Normal	Photos 2018-5-14	Edit
	NAC_PAYA_UBL_BOOK01(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Ma y 2018 21:22		Photos		Normal	Photos 2018-5-14	Edit
	NAC_PAYA_UBL_BOOKO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Ma y 2018 21:22		Photos		Normal	Photos 2018-5-14	Edit
	NAC_PAYA_UBI_BOOK01(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Ma y 2018-21:22		Photos		Normal	Photos 2018-5-14	Edit
2	NAC_PAYA_UBI_BOOSO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Me y 2018 21;22		Photos		Normal	Photos 2018-5-14	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Ma v 2018 21:22		Photos		Normal	Photos 2016-5-14	Edit
⇒ Video List							
	Uploaded By/Date	Folder Date	File Name		9	Source	Action